

Application Data Sheet

Application Information

Application number::	
Filing Date::	03/18/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SLING FOR EMERGENCY TRANSPORT OF A PERSON
Attorney Docket Number::	10628.00088
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Radja
Middle Name::
Family Name:: Lohse
Name Suffix::
City of Residence:: Bethel
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 24450 Allen Drive N.E.
City of mailing address:: Bethel
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55005-9705

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Larson
Name Suffix::
City of Residence:: Stanchfield
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address::
City of mailing address:: Stanchfield

State or Province of mailing address:: MN
Country of mailing address:: USA
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Brian
Middle Name::
Family Name:: Wildman
Name Suffix::
City of Residence:: Coos Bay
State or Province of Residence:: OR
Country of Residence:: USA
Street of mailing address:: 983 Seagate
City of mailing address:: Coos Bay
State or Province of mailing address:: OR
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 97420

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/471,222	05/16/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Home Hospital Equipment Company
 Street of mailing address:: 701 E. Washington St
 City of mailing address:: Clarinda
 State or Province of mailing address:: IA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 51632